



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | The Glade                       |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Louth                           |
| Type of inspection:        | Announced                       |
| Date of inspection:        | 05 August 2025                  |
| Centre ID:                 | OSV-0005398                     |
| Fieldwork ID:              | MON-0039095                     |

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This is a centre providing full-time residential services for up to 6 adults with disabilities. The centre comprises of a large, detached two-story dwelling located in Co. Louth. Each resident has their own private bedroom (four of which are en-suite) and communal facilities include a large kitchen/dining area, two sitting rooms and private gardens areas to the front, side and rear of the premises. Transport is provided to residents so as they have access to community based facilities such as shops, post-office, banks, restaurants, hotels and shopping centres. Residents have a range of educational and day service options available to them, where they can engage in a range of educational and social activities of interest to them, attend school or engage in skills development training initiatives. There are systems in place so as to ensure the healthcare needs of the residents are provided for and access to a range of allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a qualified person in charge, a team leader, a two deputy team leaders and a team of social care workers/assistant support workers. There is also a management on-call system in place so as to support the overall governance and managerial oversight of the centre.

**The following information outlines some additional data on this centre.**

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 4 |
|------------------------------------------------|---|

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date                  | Times of Inspection  | Inspector       | Role    |
|-----------------------|----------------------|-----------------|---------|
| Tuesday 5 August 2025 | 10:00hrs to 18:10hrs | Raymond Lynch   | Lead    |
| Tuesday 5 August 2025 | 10:00hrs to 18:10hrs | Caroline Meehan | Support |

## What residents told us and what inspectors observed

Systems were in place to meet the assessed needs of the residents and feedback from two family representatives on the service provided was generally positive and complimentary. On the day of this inspection staff were observed to support the will and preference of the residents for example, to engage in community-based activities of their preference and choosing. However, some issues were identified with the safeguarding process, rosters and risk management. These matters will be discussed further, later in the report.

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to help inform a decision on the continued registration of the centre.

At the time of this inspection, there were four residents living in the centre and the inspectors met with three of them at different times, over the course of the day. Two of those residents said that they were happy living in the house and raised no issues with the inspectors regarding the quality or safety of care. Additionally, one inspector spoke with two family representatives over the phone so as to get their feedback on the quality and safety of care provided in the centre.

The centre comprised of a detached two-storey house in a rural setting in County Louth. The main house comprised of two sitting rooms, a large fully equipped kitchen cum dining room, a utility facility, a staff office and a sleepover room. Each resident had their own ensuite bedrooms that were decorated to their individual style and preference. Within the house, there was also a self-contained apartment consisting of a compact open plan sitting room, kitchen dining room, a bedroom and a bathroom.

On arrival to the centre, the inspectors observed that the house was clean, warm, welcoming and generally well maintained. A short time later one of the inspectors met with one of resident. The resident was in good form and seemed happy to talk to the inspector. They said that they were happy in the house, it was like a mansion and they were looking forward to going out on a shopping trip with staff support. The resident appeared to get on well with staff and appeared to enjoy being in their company. They also said that they liked their room but would prefer if the inspector did not view it. This request was respected by the inspector. Shortly afterwards the resident left to go shopping for the day with their designated 1:1 staff support. The inspector also met briefly with another resident and while they appeared in good form, they didn't speak directly with the inspector as they were also preparing to go on a social outing for the day.

An inspector met with another resident who lived in the apartment area later in the morning. They said they were very happy living in the house, felt safe, and would

talk to staff if they had any worries. The resident said they liked to go for a walk up to a local farm, as well as listening to music on their laptop. They were planning to go to a concert soon, and were going to the bank to get some money later in the day for the concert. The resident also said they were really looking forward to a holiday in August to County Galway. The resident told the inspector that they planned their activities every morning with the staff. The person in charge informed the inspectors that another resident was already out shopping for new furniture prior to their (inspectors) arrival to the centre.

Two family members also spoke over the phone to one of the inspectors on the afternoon of this inspection. They reported that while it took their relative some time to settle down when they first moved into the house, they were fairly settled at this time. They said that their relative had their own apartment within the house and this seemed to be working well for them. For example, their relative could spend time in the main house with their peers if they so wished however, if they wanted some time alone, they had their apartment to go to. They also reported that they were overall happy and delighted with the service and that their relative's healthcare-related needs were being well provided for. They said that their relative was being supported to use the community and looking forward to going on a holiday to County Galway. Additionally, the resident had recently celebrated their birthday and seemed to enjoy their day very much. While the family members spoken with were generally positive about the quality and safety of care provided, they felt that their relatives clothes could be better looked after. For example, they said that they had noticed bleach stains and or holes in some of the good clothes that they had bought for their relative. Additionally, the also said that they had some concerns about how much weight their relative had put on since they went to live in the house. Notwithstanding, the family members stressed that they were happy with the overall quality of care provided and that their relative had access to a dietitian so were hopeful that the issue regarding their relative's weight, would be addressed going forward.

At all times over the course of this inspection staff were observed to interact with the residents in a person centred and caring manner and residents appeared settled and comfortable in their surroundings.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents living in this service.

## Capacity and capability

The residents met with on the day of this inspection appeared settled and content in the house and systems were in place to meet their assessed needs. However, a minor issue was identified under Regulation 15: staffing.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was a qualified social care professional and demonstrated a good knowledge of the residents' assessed needs.

They were also aware of their legal remit under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). For example, the person in charge was aware that the statement of purpose required review on an annual basis or sooner as required by the Regulations.

A review of a sample of rosters from for the month of July 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary knowledge and or skill set to meet the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and a six-monthly unannounced visit to the centre had last been carried out in July 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this centre to the Office of Chief Inspector prior to this inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a qualified social care professional who also had an additional qualification in management.

Through discussions and the review of information, the inspectors found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.

The person in charge was also found to be aware of their legal remit in line with the regulations, and was found to be responsive to the inspection process.

Judgment: Compliant

## Regulation 15: Staffing

A review of a sample of rosters for the month of July 2025 indicated that there were sufficient staff members on duty to meet the needs of the four residents as described by the person in charge on the day of this inspection.

For example, in addition to the person in charge:

- six staff worked each day in the centre (of the four residents residing in the centre at this time, two are on 2:1 staffing support each day and the other two residents were on 1:1 staffing support each day)
- two staff worked waking night duty each night
- additionally, one staff worked on a sleep over arrangement each night in the centre and were available to provide support to the waking night staff if or when required.

The person in charge explained to the inspectors that familiar relief staff and or full-time staff would cover gaps in the staffing roster where or if required.

The inspectors did not get the chance to speak with any of the assistant support workers on the day of this inspection as they were supporting the residents with community-based activities such as banking and shopping. Notwithstanding, one resident spoken with said that they got along with staff.

The provider and the person in charge were found to have gathered the required information for staff listed under Schedule 2 of the regulations. Schedule 2 files contain information and documents to be obtained in respect to staff working in the centre to include photographic evidence of their identity, dates they commenced employment, details and documentary evidence of relevant qualifications and vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The information for two staff members was reviewed by the inspectors and met the requirements of the regulations.

The person in charge confirmed at the opening of this inspection that they had a full staff team in place with no vacancies at this time. They also had systems in place for the professional supervision of their staff team. One inspector reviewed the supervision records for two staff members over this course of this inspection.



Staff meetings were also being facilitated and at these meetings staff had the opportunity to talk about the residents progress with their goals, healthcare-related needs and safeguarding.

However, a minor issue was identified with the upkeep of the actual rosters maintained in the centre. It was observed that the upkeep of the actual rosters required review so as to ensure at all times, they included all of the staff members names who actually worked every shift in the centre.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

From reviewing the online training matrix, the inspectors found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety
- manual/patient handling
- Children First online - (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safe administration of medication.
- safety intervention techniques
- managing challenging behaviour
- safeguarding
- protection and welfare
- autism
- intellectual disability
- infection prevention and control
- handy hygiene
- food hygiene
- ligature training

The inspectors asked to view hard copies of safeguarding and safety intervention certificates for the seven staff working in the centre on the day of this inspection. The person in charge presented all certificates for review, prior to the end of the inspection process.

Judgment: Compliant

## Regulation 22: Insurance

The provider submitted up-to-date insurance details to the Office of Chief Inspector for the continued registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by an experienced senior director of operations and two shift lead managers.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had last been carried out in July 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- the statement of purpose required updating
- the directory of residents required review
- some medication kardexes required review
- one staff required up-to-date training in safety intervention

These issues had been addressed at the time of this inspection.

Systems were in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, one shift lead manager spoken with said that they operated an open door policy in the centre and that they were confident staff would have no issues reporting any concern to management if they had one.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and was found to meet the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of

Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by the regulations.

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs however, some issues were found with Regulation 8: protection and Regulation 26: risk management procedures.

Residents' assessed needs (to include their preferred style of communication) were detailed in their comprehensive individual plans and from a sample of files viewed, they were being supported to achieve goals of interest and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals.

While systems were in place to manage risk and safeguard the residents, aspects of the safeguarding and risk management process required review.

Firefighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

The house was found to be generally clean, warm and welcoming on the day of this inspection.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their assessed needs with input and support from allied healthcare professionals and family members as or where required. However, some issues were identified with safeguarding and risk management.

### Regulation 10: Communication

Residents' communication needs were met and residents had access to a range of media.

All residents could communicate verbally, and the person in charge outlined where some residents may require support with written communications to understand some words. All personal plans were developed into easy-to-read documents, and this meant that residents provided with accessible information on the supports being provided to meet their needs.

Specific communication approaches were outlined in behavioural support plans and risk management plans to help residents regulate their emotions.

Residents had access to media, for example, television, radio and the Internet.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided with opportunities to engage in their preferred activities, and to achieve goals to enhance their experiences and independence skills.

The inspectors reviewed goals and activity records for three residents. Each day resident talked to staff individually about what they would like to do for the day, and records of these discussions were recorded in daily notes. Staff supported residents to go out the community and visit places they had chosen on the day, for example, going to the gym, out for lunch, shopping, walks, and attending a lecture.

From a review of records it was evident that residents were out and about in the community for a majority of the time during the day, and there were three vehicles in the centre to facilitate this.

Residents were also supported with their goals, and met every week with their key worker. Recent goals for residents included, for example, to go on holidays, celebrate Easter with a family member, attend concerts, to learn to bake and cook,

and to purchase their own food. The person in charge reported one resident in particular had enjoyed yoga and dance classes.

Judgment: Compliant

### Regulation 17: Premises

The house was found to be warm, welcoming, clean and generally well maintained on the day of this inspection.

The centre comprised of a detached two-storey house in a rural setting in County Louth. The main house comprised of two sitting rooms, a large fully equipped kitchen cum dining room, a utility facility, a staff office and a sleepover room. Each resident had their own ensuite bedrooms that were decorated to their individual style and preference.

Within the house, there was also a self-contained apartment consisting of a compact open plan sitting room, kitchen dining room, a bedroom and a bathroom.

The house (and apartment) were surrounded by well-maintained landscaped garden area with the provision of ample private parking facilities to the back of the property.

Judgment: Compliant

### Regulation 20: Information for residents

The provider submitted a detailed residents' guide prior to this inspection. The information in this guide detailed the requirements of the regulations, specifically the statement of purpose, residents' rights, visiting arrangements and the complaints procedures.

The information in the guide was up-to-date, relevant to the residents and was presented in a way that was accessible to them.

Judgment: Compliant

### Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk and support residents' safety in the centre, aspects of the risk management process required review.

There was a policy on risk management available and each resident had a number of individual risk management plans on file so as to support their overall safety and wellbeing.

For example, where a risk related to a behaviour was identified, the following control measures were in place:

- where required, 2:1 staffing support was provided each day
- staff had training in safety intervention and managing challenging behaviour
- protective equipment was provided for if required
- residents had either a multi-element behavioural support plan in place or, behavioural guidelines
- residents had access to behavioural support
- residents had access to psychiatry support

Other controls were also in place to support residents safety in the centre and, a number of restrictive practices were in place to keep residents safe. For example, specific seating plans were in place to support residents safety while using company transport, one resident required support and supervision while accessing any wifi enabled device and, anti ligature door handles had been fitted to some internal doors to keep one resident safe.

However, a number of other internal doors had not been fitted with ligature door handles. This required review so as the provider could be assured that the environment was at all times safe for this resident.

Additionally, one of the sitting rooms in the house was locked at times to prevent one resident from accessing a wifi enabled television. There were specific reasons as to why this resident was prevented from accessing the Internet unsupervised. However, as this resident was on 1:1 staffing throughout the day, this required review so as the service could be assured that the least restrictive practice was being utilised to keep the resident safe.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers, emergency lighting and fire signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced in February and May 2025
- the emergency lighting had also been serviced in February and May 2025
- the fire extinguishers had been serviced in April 2024.

From reviewing the online training matrix it was also noted that staff had training in fire safety.

Fire drills were being conducted as required with no concerns noted. For example:

- a drill conducted in March 2025 informed that it took one staff and four residents two minutes and 45 seconds to evacuate the house
- another drill facilitated in June 2025 informed that it took one staff and four residents two minutes and 40 seconds to evacuate the house.

Each resident had an up-to-date personal emergency evacuation plan in place. One inspector reviewed two of these plans which detailed the support and guidance the resident required in evacuating the house during a fire drill.

In summary, the provider had ensured that the residents living in this house had the right to live in a home that had effective and sustainable fire safety arrangements and fire management systems in place. The person in charge also ensured that their staff team had training in fire safety awareness.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe and appropriate medicines management procedures in the centre, and staff were knowledgeable on the reason medicines were prescribed.

One inspector reviewed medicine management practices with the team lead. Medicines were supplied by a community pharmacist, and most medicines were in monitored dosage systems. Medicines were stored in individual locked pressed, and the keys were securely held. Medicine cabinets were clean and well organised. There were some controlled medicines in use in the centre, and these were stored separately within a locked cabinet within each individual medicine cabinet.

The team lead was knowledgeable on the intended use of prescribed medicines. One inspector reviewed prescription and administration records for two residents. Prescription records stated the name, dose, route, frequency and time medicines were to be administered and all prescription records were signed by the prescriber. PRN (as needed) medicines also stated the circumstances for administering such medicines and the maximum dosage in 24 hours was stated.

Records of the administration and stock of all controlled medicines were recorded in a controlled medicine register, and medicine counts completed by two staff on receipt of supply, on administration and at change of shift in the morning and at

night. Stock of medicines received into the centre were also recorded on receipt, as well as weekly PRN stock records were also completed.

There were suitable arrangements in place for the disposal of medicines, and medicines could be returned to the supplying pharmacist, records of disposals were maintained.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were met, and residents had access to a range of healthcare professionals as needed.

Residents' healthcare needs had been assessed by a range of healthcare professionals, for example, general practitioners, dietitian, dentist, psychiatrist, psychologist, and speech and language therapist, and recommendations following reviews formed the basis of healthcare plans. Residents were informed about their healthcare needs and support plans, and the rights of residents to refuse medical advice or treatment was respected.

Healthcare plans were detailed, and provided sufficient guidance on how best to support residents. There was ongoing monitoring of residents healthcare needs as recommended, for example, blood tests, weight, vital signs, sleep patterns and nutritional records. The inspectors reviewed records of appointments with healthcare professionals and regular reviews had been facilitated.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and the implementation of support plans had a positive impact on the quality of experience for residents.

The inspectors reviewed two behaviour support plans, and these were developed by the behaviour specialist. Plans outlined the behaviours of concern, possible triggers, proactive strategies, as well as reactive strategies to support residents during periods of distress. Data on incidents indicated a positive response to behavioural strategies, with a reduction in incidents noted.

From speaking with a resident and reviewing files, it was evident that proactive strategies to reduce the likelihood of incidents were employed, for example, activity



scheduling, skills teaching, and regular key worker sessions. There was ongoing monitoring of incident of behaviours of concern.

There were a number of restrictions in use in the centre, and the rationale for use of these restrictions was clearly set out in risk management, and in protocols. Restrictive practices were relative to the risks, and there was ongoing efforts to reduce restrictions in the centre. A number of restrictions had either been reduced or removed in recent months, and the person in charge outlined the plan to continue to reduce some other restrictions.

Judgment: Compliant

## Regulation 8: Protection

While policies, procedures and systems were in place to support the residents' safety, an aspect of the safeguarding reporting process required improvement

Systems were in place for the recording, reporting and responding to any allegation of abuse occurring in the centre. For example, where an allegation had occurred in the past, it was recorded as required. It had also reported to the designated safeguarding officer, the national safeguarding team, the Office of Chief Inspector and where required, An Gardaí. Additionally, safeguarding plans were developed to support the residents wellbeing and safety.

It was observed that a resident made an allegation in the centre against a staff member on March 31, 2025. In response to this, the allegation was investigated and reported to the various bodies as detailed above, including An Gardaí and a formal safeguarding plan had been submitted to the national safeguarding team. The Gardaí had also met with the resident and, they had been reviewed by their GP after this allegation. The person in charge also informed the inspectors that the Gardaí were no longer investigating the issue. It was observed however, that there was a gap in the details of what was reported to the safeguarding and protection team, as noted in the GP notes and the incident form at the time of the incident. This meant that appropriate action had not been taken following the safeguarding allegation in terms of fully reporting the incident and alleged concerns. When this was brought to the attention of the person in charge and senior director of operations, they reported that they would ensure this issue was rectified promptly.

Notwithstanding, the inspectors also noted the following:

- a shift lead manager spoken with said they were confident that all staff would have no issues reporting a safeguarding concern to management and or the person in charge if they had one
- details of the safeguarding team were on display in the house
- feedback from a family representative on the service was generally positive and complimentary.

- safeguarding was discussed with residents and formed part of the standing agenda at staff meetings.

Additionally, staff had training in the following:

- Children First online - (training in relation to the Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015)
- safeguarding
- protection and welfare

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                                                   | Judgment                |
|------------------------------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                                                     |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge                                                   | Compliant               |
| Regulation 15: Staffing                                                            | Substantially compliant |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 22: Insurance                                                           | Compliant               |
| Regulation 23: Governance and management                                           | Compliant               |
| Regulation 3: Statement of purpose                                                 | Compliant               |
| Regulation 31: Notification of incidents                                           | Compliant               |
| <b>Quality and safety</b>                                                          |                         |
| Regulation 10: Communication                                                       | Compliant               |
| Regulation 13: General welfare and development                                     | Compliant               |
| Regulation 17: Premises                                                            | Compliant               |
| Regulation 20: Information for residents                                           | Compliant               |
| Regulation 26: Risk management procedures                                          | Substantially compliant |
| Regulation 28: Fire precautions                                                    | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant               |
| Regulation 6: Health care                                                          | Compliant               |
| Regulation 7: Positive behavioural support                                         | Compliant               |
| Regulation 8: Protection                                                           | Substantially compliant |

# Compliance Plan for The Glade OSV-0005398

Inspection ID: MON-0039095

Date of inspection: 05/08/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Judgment                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 15: Staffing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>1. The Person in Charge (PIC) will complete a full review of planned and actual rosters for 2025 and ensure that rosters clearly identify the shifts rostered and include the full names of all Team Members who have worked or are rostered to work in the designated Centre.<br>Due Date: 30 September 2025                                                                                                                                                                                                                                                                                                                                                                                                 |                         |
| Regulation 26: Risk management procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>1. The Person in Charge with the support of the Behavioural Specialist, will conduct a review of Individual Risk Management Plans, assessing identified risks and subsequent control measures to ensure they are appropriate to mitigate the risk in a range of environments.<br>Due Date: 30 September 2025<br><br>2. The Person in Charge (PIC) and the Behavioural Specialist will complete a full review of Restrictive Practices within the Centre at the Restrictive Practice Review meeting to ensure the least restrictive procedure, for the shortest duration necessary, is implemented with ongoing review and assessment of the identified risk.<br>Due Date: 30 September 2025 |                         |

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| Regulation 8: Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>1. The Safeguarding and Protection Team were informed of the additional information from ID195's GP appointment following an allegation they made against a Team Member. The Safeguarding and Protection Team included this additional information to ID195's screening form. The Safeguarding and Protection Team have since agreed and closed this Safeguarding concern.</p> <p>Completed: 14 August 2025</p> <p>2. The Person in Charge will review all information pertaining to allegations of abuse and ensure any additional information received is updated on the screening documentation and submitted through the Safeguarding and Protection pathway.</p> <p>Due Date: 30 September 2025</p> |                         |

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation       | Regulatory requirement                                                                                                                                                                                     | Judgment                | Risk rating | Date to be complied with |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.                                        | Substantially Compliant | Yellow      | 30/09/2025               |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow      | 30/09/2025               |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of                                                                              | Substantially Compliant | Yellow      | 30/09/2025               |

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|  | abuse and take appropriate action where a resident is harmed or suffers abuse. |  |  |  |
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